

FHPAP 14-15 Prevention Targeting Strategy Implementation

(Strategy work plan was outlined by St. Louis County Homeless Response Committees and submitted to MHFA 10/25/2013)

Purpose:

The [recommendations](#) of the FHPAP Re-design Work Group along with the Prevention Targeting Strategies and Evaluation questions within the 14-15 RFP point to the need to work together to test strategies on how to best target limited prevention dollars to households that are more likely to become homeless without public intervention (services &/or direct assistance). The lessons learned throughout this process will be shared and will inform the prevention target expectations for the 16-17 RFP.

Expectations:

1. Each grantee will need to determine which 1 or 2 strategy areas from options a.-c. your community will commit to working on during the 14-15 biennium. Strategy Area d. may be the second area that your community chooses to work on but cannot be the only option since each community is already expected to work towards improving their homeless response system. Please complete the table below and email [Kim](#) by **October 25th**

Strategy Area	Committed Area (Y/N)	Initial ideas/Activities/Partners (brief description)	Timeline for initial implementation (mo/yr)
a. Developing diversion strategies in regions that have shelter.	Yes	St Louis County has committed to working on developing clear defined access points (not just the shelters) with thorough intake evaluation which incorporates questions from best practices that encourage diversion efforts. A provider working group has committed to analyzing the various intake forms to develop a common consolidated form that will be utilized by all service providers and incorporate additional questions. Activities 1. Coordinated Assessment points will be	Agreement to develop common form by 1/1/14, then incorporated county wide within 3 – 6 months.

		<p>finalized.</p> <p>2. Best practice diversion questions will be incorporated into the common intake form to be utilized by all entry points.</p> <p>3. Intake form will include language to possibly defer veterans to MACV (veteran service provider) that may have additional specific funds available for housing veterans.</p> <p>4. Intake forms will be uniform and utilized by all determined access points.</p> <p>Partners</p> <p>All FHPAP sub grantees and determined access point service providers, County and city staff, Leadership Council, broader homeless response community members.</p>	
b. Developing diversion strategies in regions that do not have shelter.	No		
c. Improve our ability to distinguish who will become homeless without help and who will be able to stabilize with limited prevention assistance (previously 2 separate groups).	Yes	<p>St. Louis County will evaluate available data from previous FHPAP biennium and other sources such as shelter data and Wilder survey data to determine needs and gaps within our community.</p> <p>Activities</p> <p>1. St. Louis County service providers are beginning to implement a triage tool based on intake assessment at multiple doors to determine appropriate FHPAP households based on currently established eligibility guidelines.</p> <p>2. Once households are determined to be</p>	<p>Data evaluation will be on going, but expected to begin more directly by 1/1/2014.</p> <p>FHPAP service providers are already utilizing the Self-Sufficiency Matrix. Movement toward a more medium barrier population will be monitored throughout the first year of the biennium.</p>

		<p>eligible, further questioning and assessment will determine targeted populations to be addressed through ongoing community dialogue. Ideas include timeline of eviction notice, prioritizing families with children and safety issues.</p> <p>3. Matrix data will determine barrier levels and FHPAP funds may be directed towards medium level barrier households as opposed to lower barrier households.</p> <p>Partners</p> <p>All FHPAP sub grantees and determined access point service providers, County and city staff, Leadership Council, broader homeless response community members.</p>	
d. Identifying FHPAP's role in the broader homeless prevention system (coordination with EA, developing prevention/diversion portion of Coordinated Assessment, etc.).	Yes	<p>St. Louis County's broader continuum of care homeless response system includes homeless prevention funds and support service activities. As annual planning and prioritization takes place, FHPAP providers, along with all homeless prevention service providers, will be consolidating efforts to develop a comprehensive structure that incorporates the various resources and funding streams that are available to reach the goal of preventing and ending homelessness.</p> <p>Current mainstream resources are utilized first in St. Louis County prior to accessing FHPAP funds.</p> <p>St. Louis County and service providers have initiated discussions with county financial workers to increase coordination with</p>	<p>The St. Louis County continuum of care homeless response system has been working toward an acceptance of a Coordinated Assessment system that works for the entire community.</p> <p>In recent community conversations, it was determined that provider agencies will continue to develop the Coordinated Access forms and meet with the broader homeless response community</p>

		<p>FHPAP funds particularly for households that do not qualify for County emergency assistance.</p> <p>As Coordinated Assessment entry points are established, FHPAP providers will be trained in using the developed triage tools in order to begin to target priority populations as determined by the community.</p> <p>St Louis County has already begun discussion regarding a coordinated access system and how that may look for our communities. HUD technical assistance has been enlisted in determining that a multiple door approach is a start as long as there is a common assessment application.</p> <p>Activities</p> <ol style="list-style-type: none"> 1. Continue extensive community discussions to determine how the Coordinated Assessment will look in St. Louis County. Technical assistance facilitators will be asked to continue the work already started. 2. Provider Committee will continue the work begun to develop a common intake application form that includes diversion questions and will be utilized by all entry points in the homeless response system, soliciting cooperation and input from the steering committee task force. 3. Provider committee will work with Leadership Council to implement appropriate procedures for Coordinated Assessment. 	<p>and the Leadership advisory council to work toward implementation within the first half of 2014.</p> <p>Community work will be ongoing with the end goal of full implementation of a Coordinated Assessment system within the next 2 years if possible.</p>
--	--	--	--

		Partners All FHPAP sub grantees, service providers, County and city staff, Leadership Council, broader homeless response community members and HUD technical assistance as deemed necessary.	
--	--	--	--

2. At the Oct. 29th Quarterly Coordinator's meeting, each grantee will be asked to share:
 - Initial strategy ideas &/or strategies currently being implemented
 - Thoughts on formats (via ITV, conference call, written reports, website, etc) to share what each community has learned.
 - Questions, needs for data/technology/support
3. Each community can determine the strategies and methods of implementation that best fits their needs. Consultation among participants in the strategy area is encouraged to share innovative/create ideas but also to share approaches/tools for communities to adopt and modify.
4. Participation, implementation, reporting, and evaluation will be part of the Performance Capacity/Compliance score in the 16-17 RFP. Elements of considerations will include number of areas your community is committed to working on, participation in designated meetings by coordinator or designated rep for each grant, complete and timely reporting, implementation of identified strategies and evaluation and modification of strategies based on evaluation.